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CHAPTER 37: PHARMACY BENEFITS MANAGEMENT SERVICES

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## APPENDIX F – FORMS

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**FORMS**

The following forms that are used in the Pharmacy Program can be downloaded from <http://www.lamedicaid.com/provweb1/Forms/forms.htm>.

- Behavioral Medication Therapy Clinical Pre-Authorization Form
  - Hepatitis C Virus (HCV) Medication Therapy Worksheet
  - Hepatitis C Therapy Treatment Agreement Form
  - Palivizumab (Synagis ®) Request for Reconsideration
  - Request for Clinical Pre-Authorization Form
  - Request for Omalizumab (Xolair®) Prior Authorization
  - Request for Palivizumab (Synagis®) Clinical Pre-Authorization
  - Request for Prescription Override Form
  - Request for Reconsideration
- Request for Prescription Prior Authorization

Other forms used are:

FORM	USE
<a href="http://www.lamedicaid.com/provweb1/Forms/FINAL_drugadjustforminstruct_71803.pdf">http://www.lamedicaid.com/provweb1/Forms/FINAL_drugadjustforminstruct_71803.pdf</a>	This form is used to submit pharmacy claim adjustments, voids, and DUR overrides.
<a href="http://www.lamedicaid.com/provweb1/Forms/Opioid_Analgesic_Treatment_Worksheet.pdf">http://www.lamedicaid.com/provweb1/Forms/Opioid_Analgesic_Treatment_Worksheet.pdf</a>	This form is used to address overrides to exceed the Morphine Milligram Equivalent (MME) per day limit.
<a href="#">PA01</a>	Total Parenteral Nutrition providers are required to utilize this form to request prior authorization for TPN services.
CMS-1500	This form is submitted to receive reimbursement for Total Parenteral Nutrition services.